



1.HealthNet Policy Number

2.Patient Name

3.Patient Date of Birth & Sex

5.Nature of illness or Injury

6.Are You the patient's primary physician

7.Presenting Complaints:

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevant Past Medical/Surgical History

12.Etiology:

13.In case of Injury:mode of Injury/place of Injury

14.Plan / Details of Management

15.In Case of Hospitalization: Date of Admission:

16.

2. Authorization Code:

Anura De Silva Rajapaksha
Marathignnanambi

03-05-69(dd/mm/yy)

☒ Male ☐ Female

Mobile No.0552517233

☐ Acute ☐ Chronic ☐ Emergency

☐ Yes ☐ No

ICD Code J45.20, J06.9, J02.9, J01.00

CPT code9

Date of Discharge:

DiagonosisiMild intermittent asthma, uncomplicated, Acute upper respiratory infection, unspecified, Acute pharyngitis, unspecified, Acute maxillary sinusitis, unspecified

a.ProcedureOffice consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

b.Laboratiry Test:

c.Radiology / Investigations:

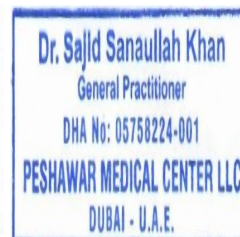
PRESCRIPTION WITH DOSAGE & DURATION				
Code	Generic	Dosage	Duration	Instructions
0006-124507-1392	(SALBUTAMOL : 100 MCG) AEROSOL INHALER	AEROSOL INHALER (200 DOSE, BLISTER IN DISKUS)	14	Take 1Puff as often as you need it.
5253-649501-3851	(MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY	NASAL SPRAY (120 DOSE, PUMP SPRAY)	7	Take 1Spray 3 Time(s) per Day For 7 Day(s) after meal
0030-183202-0391	(FEXOFENADINE HCL : 180 MG) FILM COATED TABLETS	FILM COATED TABLETS (15S, BLISTER PACK)	7	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal
0788-107203-	(PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS	TABLETS (24S, BLISTER PACK)	8	Take 1Tablets 3 Time(s) per Day For 8 Day(s) after

Code	Generic	Dosage	Duration	Instructions
1171				meal
1204-571401-1161	(GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE HCL : 30 MG/5ML) (TRIPROLIDINE HCL : 1.25 MG/5ML) SYRUP	SYRUP (120ML, GLASS BOTTLE)	7	Take 10ML 3 Time(s) per Day For 7 Day(s) others

Date: 29-01-24(dd/mm/yy)

Doctor's Name Sajid Sanaullah

Signature and Stamp

Physician Code DHA-P-5758224 HNM Code

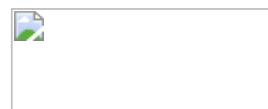
Authorization

I hereby authorize the Physician, Hospital or Pharmacy to file a claim for medical services on my behalf and I confirm that the above mentioned examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person who has provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medical condition or medical services and copies of all medical and hospital records.

A Photocopy or teletax copy of this authorization shall be considered effective any valid as the original

Date: 29-01-24(dd/mm/yy)

Signature of Insured / Claimint



Copy of NGI - Pharmacy

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)

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